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ON page 19 of the last announcement we read:

"A young man who determines to study homœopathy should know *why* he does so in preference to allopathy."

"It is not enough for a student to select the homœopathic system because his family at home employ a homœopathic physician."

"He should know *why* he prefers the new school."

"The principles of homœopathy should be well fixed in his mind."

"A reason for the faith that is in him, even though it comes from the books, and not from experience, will make the aspirant for medical honors a better student than no faith at all."

How many students remember having seen this advice before?

If it has come under the notice of all how many have followed the counsel there given?

Any one standing upon the threshold of life

and trying to decide which of the many paths lying open before him he shall take, should not make too hasty a selection, then leaping into the unknown, without some idea of the reasons for his choice. It is not enough that a decision is made to study in a homœopathic college because some friend is a student there, because some relative is a physician of that school, or because at home they are believers in that system of medicine. "The mind which is searching ought to remain in a state of suspense until superior evidence on one side or the other incline the balance of the judgment and determine the probability or certainty to the one side."

This being so in general, no other can possess the high claims to calm inquiry and earnest attention that should precede the decision to study and practice medicine.

Then should follow the careful research into the relative merits of the different schools and the underlying principles of their teachings. Then, with his choice made, the student would enter upon his medical course with a tangible reason for so doing, and fully equipped to grapple with his subjects, the study of drugs and their applications to disease in an understanding manner.

It is true, notwithstanding the certainty that it should not be, that only a very small proportion of the students, who expect to study the principles of homœopathy and follow its teachings through life, know anything about the theoretical groundwork upon which the grand superstructure of homœopathy is reared and the reasons *why* it is the only system of medicine that will make its followers successful in the treatment of disease. Not only is this true of those entering our college, but also of a certain proportion of those leaving its walls to go out and practice. These have listened to Professor Allen's lectures at the opening of his course, been surprised and pleased by the array of scien-

tific thought and fact, and almost instantly have forgotten the rudimentary and leading truths of these first few lectures in the eager pursuit of the following lectures on mercury and its characteristic symptoms, and though they remember "worse at night," "profuse perspiration," etc., they show "weakness of memory" in not being able to trace the history of homœopathy or to give a lucid explanation of its principles. Not alone should these elementary truths be thoroughly understood and appreciated as a help in the study of drugs and their application, or as an intelligible reason for belief, but also to be able to cope in argument with misguided members or believers of some antiquated style of therapeutics or to disperse the clouds of uncertainty that may hang over some inquiring mind.

If you can only thus cure the intellectual blindness or relieve this mental dimness of vision of one "regular" and lead him into the path of *irregularity*, truth and success, you will feel amply repaid for the study of homœopathic principles in the consciousness that, in so using knowledge, it is even "more blessed to give than to receive."

Yet, finally, the good to be derived from disputes with bigoted partisans of other forms of therapeutics, may be regarded as negative in degree and so let us, as we strive to become true homœopathic physicians, see to it that the foundation of such a belief and life be laid deep and strong even though it has been neglected before, and in so doing, let us follow the advice of Lord Bacon: "Read not to contradict, not to believe and take for granted, not to find talk and discourse, but to weigh and consider."

Treatment of Bedridden Patients.

J. H. HALLOCK, M.D., '86.

AS so few of these cases are reported in our journals I will describe one case and its treatment, hoping to save some of my fellow students a little of the study which is necessary

for one to arrive at a satisfactory mode of treatment for this class of patients.

The young physician is especially liable to meet these cases, for having tried other medical men they look to the new doctor hoping he may do something for them.

I have met three of these cases, not all alike, but the symptoms and treatment were so similar that I will report but one, which was the last and most typical.

Last May I was called some fifteen miles to a neighboring village to see a young lady who had been confined to her bed for over three years. She was twenty years old and gave the following history:

"Three years ago last Winter, while riding on an old sleigh with a dry goods box for a seat, the horse suddenly started, jerking me over backwards, hurting my back.

"I was frightened, but arose and rode home, not thinking I was hurt much, but from that time I commenced to have severe pains across the back.

"I sent for the family physician, who said my womb was out of place, and that when he put it back I would be all right.

"He ordered me to ride and walk every day, which I tried hard to do for nearly two months, when I finally had to stay in bed.

"During this time there had been a leucorrhœal discharge, and for two years I had ulceration of the bowels, passing great strings of mucus and blood with much pain, and every two or three weeks something seemed to break, then I would have a passage of matter, but now my bowels are either very constipated or very loose.

"All this time I have had pains in my back and abdomen, and if I try to move the least, the pains are much worse, and I feel dreadful all over."

They then told me that they had had all the doctors that they could hear of, but none of them had benefited her; so for the last six months she had been without treatment of any kind, and she feared that she would have to always lay in bed and suffer, for she believed she had dislocated her spine.

She was very anæmic with temperature

slightly below normal, pulse weak, limbs and feet cold, appetite poor, bowels were moving only with enema. She was sleepless at night, had frequent crying spells and would not allow her mother out of her sight.

On examination I found several sensitive points along the spine of the cervical and lumbar regions, but nothing more.

There were tender places over the colon, the uterus was slightly retroverted and prolapsed only to the first degree. Surely there was no trouble here that would keep a patient in bed. Still she had been treated by "so many physicians."

The parents were told that it would be impossible to do anything for their daughter while she remained home, for she must be where she could receive treatment every day. They were sure she could not be removed without causing her death, but after being assured that it would not injure her if she was placed on a spring bed strapped to an easy wagon, they promised to think it over.

A month later the mother called at my office and said they had just arrived with Jessie and that she was feeling very badly.

I found her tired, but otherwise little the worse for her ride so I decided to commence her treatment the next morning.

Her case was then studied for the indicated remedy which I decided was ignatia.

Under this remedy many of the hysterical symptoms disappeared entirely with great improvement of all others.

During the last of her stay she received podophyllum which removed the last trace of the bowel trouble. With these remedies she received Bush's fluid food, for I think it would be almost impossible to cure these cases with medicine alone.

It had been so long since she had tried to use the muscles of any part of her body that they had all atrophied until there was apparently nothing but integument covering the bone.

On the first, second, fourth and sixth days she was given a hot pack, followed by a thorough rubbing with alcohol and water, then drying thoroughly with a coarse towel. This system of

packing besides making a decided *mental* impression, seems to start a favorable reaction in the sluggish tissues.

It was first suggested to me by the success of an old hydropath, who spends his time hunting up these cases.

The mother was instructed in massage and each morning and evening she was to give the patient a thorough rubbing, kneading and paddling of all the muscles of the breast and limbs.

The Faradic current was used once a day along the spine.

Under this treatment it was surprising how the muscles filled out. The back which was at first shaped something like a wasp filled out round and the muscles of the rest of the body and limbs began to show their shape.

With this came an increasing degree of strength until she could sit, walk and ride with but slight fatigue.

But she was so weak and had been so long in bed that it was no easy task to get her to walking again.

Her mother cautioned me against getting her on her feet too soon, "as one doctor had said he could cure her by lifting her up and trying to make her walk, but, however, almost killed her, causing her much suffering afterwards."

These mothers and near friends with their sympathy for each ache and pain are a great hindrance to the cure of these cases, so the mother was sent from the room at each visit, and told never to inquire of her daughter how she felt.

When Jessie was told at the end of the first week that after this she would have to stand on her feet a little while each day and soon commence walking, she was sure she could not do so, and that it would make her worse.

She was told that she must and was lifted up, standing only for a few minutes.

After I helped her into bed I cautioned her not to feel alarmed if she felt badly for a little time and that it would soon pass away and if she wished to get well she must not say one word against the treatment.

On seeing her the next day I did not give her

a chance to tell how she felt, but commenced at once to use the battery.

Her mother told me that after I left she had a serious time with pain and vomiting. She was afraid I would hurt her and here is where one meeting these patients for the first time is apt to allow himself to be beaten.

Each morning she was held for a little time on her feet and gradually helped to walk and allowed to sit for a few minutes in a chair.

At the end of three weeks she could walk alone and sit long enough to eat her meals (she had eaten them lying horizontally in bed without any pillows under her head).

When she went home at the end of ten weeks she had gained flesh, had red cheeks and was feeling in the best of spirits.

Clinic at the Laura Franklin Hospital.

PROFESSOR WILCOX.

ON October 26th a section of the senior class was invited to go up to the hospital to witness the operation of Supra-pubic Lithotomy by Professor Wilcox. Before going into the operating room, Professor Wilcox requested Professor Doughty and Professor Helmuth, who were present, to make a few remarks, Professor Doughty on the nature and method of formation of stone in general, and Professor Helmuth on the various operative procedures for its removal.

Professor Doughty spoke first as follows :

"When concretions formed within the urinary tract are of so small dimensions that they may be voided spontaneously they are called 'gravel.' To larger masses, which cannot be gotten rid of without instrumental aid, the term 'stones,' or 'calculi' is given.

"It is with the latter only that we will deal to-day.

"Calculous formation may be either primary or secondary. The former term being employed for such as are deposited from unchanged urine,

due to some inherent vice in its composition ; the latter, when the deposit is owing to ammoniacal decomposition of the urine.

"Of the primary calculi we have some eight varieties : Uric acid, urates, calcium oxalate, cystine, xanthine, urostealith, bone earth, calcium carbonate.

"The secondary formations are a mixture of calcium phosphate and ammonio-magnesian phosphate.

"Calculi may be made up entirely of one ingredient, or two or more primary deposits may alternate with each other, forming layers.

"Nearly all calculi are composed of two portions, a nucleus or central part, and an outer or investing portion, forming the great bulk of the concretion called the body. In addition to this arrangement it is very common to find a still further outer investment of phosphates to which the term crust is applied.

"The nucleus may be of the same substance as the body ; or may be totally different, as a clot of blood or extraneous substance.

"It has been found, however, that when the nucleus is of the same nature as the body it is not of the ordinary crystalline forms of that substance that it is composed. Thus, if the stone, both body and nucleus, be of uric acid or calcium oxalate, the nucleus will be made up of the *globular* forms of these salts and not the ordinary crystals ; and it has further been found that these special crystals (dumb bells and spheroids) are only formed when precipitation is effected slowly and in the presence of a colloid medium. We may here anticipate a little by stating that stone is much more frequent in children under five years of age than at any other period of life. In explanation of this we may say that children are especially prone to febrile attacks leading to concentration of urine—which in itself constitutes one of the determining causes of stones—but these febrile attacks also probably produce or are attended with a congested condition of the kidneys, and this congestion or sub-inflammatory state gives rise to an exudation of mucus or colloid, which favors the precipitation of those globular crystalline forms which we have before spoken of as constituting the nucleus of

stones. Here then we have the starting point of calculus formation.

"In addition to the before-mentioned concentrated urine as a determining cause of calculi we have :—diminished solvent power over uric acid from a too acid condition of the urine ; alkaline urine ; if from fixed alkali—which is very rare—then precipitation of calcium phosphate or carbonate is liable to occur.

"If, on the other hand, the alkalescence is owing to the presence of ammonia, then the secondary phosphates are thrown down.

"According to Heller, a deficiency of sodium chloride and the alkaline phosphates in the urine diminish its solvent power on uric acid. The presence in the urine of cystine or exanthine being of sparing solubility.

"Lastly may be mentioned extraneous substances which serve as a nucleus and invite precipitation such as a clot of blood, a piece of catheter or other foreign body introduced from without.

"As regards the frequency with which the different varieties of calculi are met with : uric acid stones constitute about five-sixths of all renal concretions ; and next in order comes the mixed, secondary, or fusible calculi, though this form does not usually form the entire stone, unless the nucleus is an extraneous substance. Usually it forms a crust, though in many cases this crust is very thick, indeed forming the major portion of the stone.

"Third in order of frequency come the calculi composed of alternate layers of calcium oxalate and uric acid ; and then those of the former salt alone, though a uric acid stone may have an oxalate nucleus and vice versa.

"After a calculus has been removed and has been sawed in half we can very often read in its structure as presented by the cut surface the history of the case—thus : Its nucleus is composed of globular forms of uric acid or calcium oxalate, indicating most likely a kidney origin and due to a febrile attack. Outside of this are successive layers of uric acid, or calcium oxalate, or these two alternating, evidencing the varying conditions of the urine over a long period of time perhaps. Finally we find a crust

of mixed phosphates, showing that the stone had descended into the bladder and had there excited vesical catarrh which rendered the urine alkaline and converted the urea into carbonate of ammonia and so caused the precipitation of the ammonio-magnesian phosphates. Yet we would here state that while a stone in the bladder may and usually does give rise to cystic catarrh in a few months, still not infrequently a stone may have a vesical home for many years and attain a large size without exciting any chronic cystitis.

"From English tables it appears that urinary calculi occur with greatest frequency in children under five years of age ; next between ten and fifteen years ; then a rapid diminution until the thirty-fifth year. From this age on until the sixty-fifth year it rapidly increases. This is undoubtedly due to the frequency of bad strictures and prostatic hypertrophy at this time of life, tending to produce retention of urine (residual) and hence decomposition of the urine and the formation of secondary concretions. Calcium oxalate are the hardest stones, and those of uric acid next so, while the secondary or fusible calculi furnish the largest specimens."

Professor Helmuth then made the following remarks :

"Dr. Doughty has told you how the stones get into the bladder ; I will try to tell you how to get them out.

"From the earliest ages, when persons were known to be troubled with stone in the bladder, measures were taken to rid themselves of the obstruction, not only on account of the intense suffering that was produced, but because death had often resulted from perforation of the bladder, exhaustion, and other grave complications. Whether this condition is amenable to medicinal treatment is a matter of discussion. There are those who suppose that, by taking so-called solvents into the system, these varied salts of which Professor Doughty has so ably spoken, may be dissolved ; and there are several proprietary medicines and mineral waters which are said to have the power of dissolving calculi even of some magnitude. These are called 'lithontriptics.' But after all, the best methods

of removing urinary calculi from the human bladder are by the knife, or by that method which is called lithotripsy or litholapaxy. We will speak for a few moments of the cutting operations.

"Most of these performances are done through the perineum and receive the name '*perineal section*.' Those directly in the median line are termed '*median*' operations; that done on the left side is called the '*lateral*' method. There is also another operation in which the perineum is divided on both sides of the raphé, which receives the name '*bi-lateral*.' Another procedure, now little practiced, is the removal of the stone through the rectum (*rectovesical lithotomy*). Of all the cutting operations, my preference is the supra-pubic or high operation (*supra-pubic lithotomy*).

"It is necessary for the surgeon operating by either of these methods to have a clear idea of the anatomy of the parts, and to understand well the course of the urethra where it is flexible and where it becomes fixed (that point being the triangular ligament), as well as the relations of the prostate with the surrounding structures.

"The operation which is about to be performed is the high operation, a method which has been revived in late years, and which twenty years ago was scarcely considered worthy of the surgeon's notice, excepting where the stone was unusually large. I have studied this subject considerably, and have given the results of my investigations elsewhere to the profession.* I have made experiments to discover how high the bladder rises above the pubis when full, and its position when empty. I have endeavored also to find the true ratio of mortality in well conducted cases of supra-pubic lithotomy. I may say here that, until very recently, the statistics of supra-pubic lithotomy presented a higher rate of mortality than any other, but this is explained by the fact that only the very worst cases were submitted to it, and that often after the perineal section had been performed and had failed. In these days, however, when abdominal surgery has made such gigantic strides, the supra-pubic method is rapidly gaining favor;

the method is not difficult; there are no important blood vessels severed; the stone may often even be removed with the fingers; and above all we can see the varied steps of the operation; these are the advantages claimed for epicystotomy, and I am sure future statistics will show better results.

"The old operation is the lateral—although the oldest surgeons recommend a curved incision on each side of the raphé—but the incision was not straight as performed at the present day; it was ovoid, the convexity looking towards the anus. The operation may be performed as follows: In the first place the patient should have the bowels thoroughly evacuated, and on the day of the operation the perineum should be shaved and thoroughly scrubbed with an antiseptic solution. The patient is then placed on the table in what is known as the '*lithotomy position*,' which is a dorsal decubitus. The patient is flat upon the back, the thighs are flexed on the abdomen and the legs on the thighs, while the knees are spread apart. It is well to employ the apparatus which is used on the legs of a patient in operations for lacerated perineum. In old times the wrists and ankles were strapped together. If this is thought necessary, take care that the circulation is not too thoroughly obstructed. There must now be introduced into the bladder a staff with the proper curve. This is a sound having on its left side a deep groove. When the staff has passed into the viscus, it must be held up well under the pubes by an experienced assistant. This is very important and has given rise to the adage that '*a poor staff-holder is a great curse*.' The duty of the staff-holder is to *hold the staff well under the pubes*, or the knife may slip from the groove and go into the rectum instead of the prostate. The operator seats himself at the foot of the table, takes the knife in his right hand, and with the thumb and forefinger of the left hand puts the perineum on the stretch. He then enters the point of the instrument an inch and a half above and a little to the left of the anus, and cuts downward and outward below the anus so that the termination of the cut is midway between the anus and the tuber ischii of that side

* *Supra-pubic Lithotomy*, 4to, pp. 93. New York, 1882.

and a little below it. It is well to carry the incisions rapidly and freely, making each division less and less in length until the staff is reached. Now the cut is triangular in shape, the apex touching the staff and the base formed by the long incision in the perineum. As soon as the operator feels the membranous portion of the urethra with the finger nail, he says to the staff-holder: 'Hold the staff tightly.' Then insert the nail in the groove and work through the membranous portion, until the nail comes into the staff, or a touch or two of the knife may accomplish the purpose. A lithotomy knife, which is a long straight bistoury with a button on the end, is now taken in hand, the button fitted into the groove, and the blade pushed along the groove until it enters the bladder, partly dividing the prostate and the neck. Then follows a gush of urine.

"Lay aside the knife, remove the staff from the bladder, introduce the finger of the right hand into the wound, carrying it along until it enters the opening just made in the bladder. Do not cut the prostate too extensively but *tear* it gradually with the finger as it heals much better. As you work the finger into the bladder you will in all probability feel the stone. If the calculus is large, it may be necessary to crush it before using forceps, but in the majority of cases the forceps (closed) may be slid along the finger into the bladder, carefully opened, and the stone caught within the jaws. With a gentle rotary motion, the endeavor is then made to remove it. As a rule, it is possible to lift it out of the bladder without enlarging the wound, though in some cases this latter procedure may be necessary. In such cases a liberating incision may be made on the right side of the prostate.

"As soon as you have removed the stone, take a syringe, or an irrigator holding a quart, filled with some antiseptic, as a 1-2000 or 1-4000 corrosive sublimate solution, and insert the nozzle into the bladder, washing it out thoroughly. This brings away the *débris*, sometimes pus, as these patients always suffer from cystitis. Thorough irrigation will relieve the condition and is very important.

"In this method of lithotomy the patient is then turned over on the right or left side and the wound is allowed to granulate. Do not sew up the wound. Allow the urine to dribble out, but keep the surface clean, as healthy urine is not inimical to healing; it is the decomposed urine which prevents the formation of good tissue.

"This is the ordinary method for lateral lithotomy. Aston Key uses a straight staff.

"The next method is older and is called the 'median.' It is similar to the lateral, but the cut is made in the middle line and the neck of the prostate is divided in the middle.

"Allarton employed a different staff, dividing the prostate closer up to the neck than before.

"Then there is the bi-lateral section much praised by the older French Surgeons, especially Dupuytren, which is made by a semilunar incision. It is done by a double knife known as a *lethotome caché*.

"The 'supra-pubic' excels all the others as a cutting operation. It is the simplest and best because there are no blood vessels, and we can generally use the sight. Also the reaction is much more rapidly established."

At this point word was brought that the patient was ready for the operation, and the class adjourned to the operating-room.

The patient, a boy *æt* 10, entered the hospital last Spring for strabismus. An operation, which Professor Norton performed, completely cured this difficulty, but it was noticed that the child had enuresis. Examination showed a phimosis and Professor Wilcox performed circumcision, which resulted in a partial relief, although the trouble persisted to a considerable extent. The existence of a calculus was not suspected until June last, when the nurse reported that the boy had passed some urine containing pus. He had not manifested any other signs pointing to stone, and had scarcely ever complained of pain. An examination was made with the searcher, under ether, in June last, and an operation decided on, but on account of the extremely warm weather it was postponed until Fall.

The patient being etherized, and the parts thoroughly scrubbed with German green soap

and then rinsed with bichloride solution, a searcher was introduced which struck the stone almost immediately, the click being audible to everyone in the room. The capacity of the bladder being six ounces, a little less than that amount of a one per cent. solution of boracic acid was injected. A colpeurynter was introduced into the rectum and inflated, so as to elevate the bladder still more. A small sound was passed into the bladder, and the beak drawn down close to the symphysis pubis, to act as a guide; and an incision was made in the median line just above the symphysis pubis, and about an inch and a half long. The tissues were carefully divided down to the bladder, which was then caught with a tenaculum and opened. It was found that there was considerable space between the upper end of the wound and the vesical fold of the peritoneum. The incision was lengthened somewhat by cutting downwards and towards the neck of the bladder. Some trouble was experienced in grasping the stone with the forceps on account of its being encysted in the left posterior wall of the bladder. Finally by digital manipulation the stone was grasped in the forceps, but it was so large that the bladder wound had to be again enlarged and the tendons of the recti muscles divided transversely before it could be extracted. The bladder was then irrigated with the boracic acid solution, and a single stitch of silk worm gut placed at the upper end of the wound. A double tube consisting of two soft rubber catheters tacked loosely together, was inserted down through the wound into the bladder for the purpose of drainage and of washing out the bladder. These tubes were held in place by a stitch passed through them and the sides of the wound.

The stone removed is cylindrical, slightly constricted at the centre where it was bound down to the wall. It is two and one-half inches long and one inch in diameter, and weighs 540 grains. It is composed of oxalate of lime and phosphates, and from its shape was probably formed around a foreign body.

The patient had an attack of nervous shivering just as the operation was completed, but soon

recovered when placed in a warm bed. The next morning he was very comfortable, with a temperature of only 100°. In the evening the temperature had risen to 103°, but with no tenderness or pain, and soon fell to normal again.

During recovery, the bladder will be washed out four or five times daily with the boracic acid solution.

November 10th. The tubes have been removed on account of the contraction of the wound from granulation. Healing is progressing well. A single tube is introduced once daily for the purpose of irrigation. The boy appears bright and in good condition, and has urinated once naturally through the urethra.

The Dose.

CHARLES B. FLINT, '90.

Read before the Hahnemannian Society of the New York
Homœopathic Medical College.

IN presenting this subject this evening, I do not wish to go beyond my fellows and encroach on the province of any of our Professors; but I do desire to bring before the Society a subject which is so widely discussed by the leading men of our school and which has, I believe, largely to do with the success of the practitioner of to-day. Therefore in bringing out a few thoughts on this subject—*The Dose*—it is my desire to arouse, if possible, a lively and thorough discussion of the same. As my experience in prescribing the dose is almost entirely a matter of the future, it will be impossible for me to speak from that standpoint; therefore I must draw my thoughts from a theoretical point of view, from that which appears most reasonable and which seems to follow the laws of homœopathy as an inevitable sequence.

All through the years since Hahnemann's time there has been a great contest for superiority between two great classes of doctors who are termed respectively "high" and "low" dilutionists. No greater mistake could these

men have made, than to have taken sides against each other in this respect ; while the position of each is founded upon such unscientific grounds. Just as well might the waves of the sea vie with one another for the highest reach of their crests, while all are influenced by the same laws and driven up by the force of the same winds. It appears to me that there are constitutions on which high dilutions act better ; while there are others which are affected more by the low dilutions, and this seems to be fully substantiated by the unprejudiced practitioner. How short-sighted and foolish then is he, who rigidly sets himself up as a "low dilutionist" and doses some delicate, nervous child with the first, third or sixth or even, possibly, the crude drug, saying positively, without experiment that the high attenuations cannot act upon the organism to arrest disease ; while the "high dilutionist" as rigidly prescribes nothing but the high attenuations.

Already these extremes of opinions among the doctors have created a sectarian spirit in public opinion, and it is forcibly reflected in the views of the laity. The time must soon come when these adverse sides shall exist no longer, when each physician shall think more of the cure of his patient than the *theories* he may advance, and when he shall rely more upon his own experience, and the results of careful scientific investigation, rather than spending his energies in unwarranted strife and partisan controversy.

The Single Remedy is also another head which comes under this subject of dose. There are some physicians, and, indeed, there are far too many of this class, who have tried the plan of administering two remedies at the same time, or in alternation with short intervals between them. These say, by way of apology for this kind of practice, that there are cases where one remedy seems to be homœopathic to one portion of symptoms and where a second remedy appears to be adapted to the other portion of the disease ; or, that the remedies are so nearly alike in their action that they are more certain of covering the totality of the symptoms by administering them together than by giving the single remedy.

It is, indeed, true that in selecting a remedy we often find two whose actions are very much alike, especially in certain localities of the body. But there are also three, five, eight, ten or even more, whose actions are very similar. Why then should any two of these be selected to cover the symptoms ? Why not give the five, eight or ten remedies, making it more than doubly sure that the symptoms are fully covered. Selecting the homœopathic remedy is a process of sifting, rejecting, casting out those remedies whose symptoms *are not* present, and retaining that remedy which *is* needed and that alone. Therefore, that which leads to the selection of the two out of eight, ten or more similar remedies as being most adapted to the case, should, in the same manner, point out *one* remedy which will, if the selecting process be careful enough, cover the totality of the symptoms alone. It appears to me that alternating medicines is a shiftless practice, to say the least, and I believe that a remedy which is not properly selected, and even more, if it be *nearly* so does not enter the system and remain passive ; but will, or is most apt to produce bad results. Hahnemann says in the *Organon* (§ 272) : In the treatment of disease only *one simple* medical substance should be used at a time. And in the following section (§ 273) he says : It is impossible to conceive why there should be the least doubt as to whether it is more natural and rational to prescribe a single well-known medicine at a time for a disease, or to give a mixture composed of several different medicines. I should say that the same reasons which confirm the homœopath in condemning the allopathic practice of mixing several drugs together in the same dose, or giving several different drugs at the same time to meet the various symptoms of one disease, should at once condemn his own untimely practice as exceedingly unscientific and against pure homœopathic principles.

The next and last division of this subject which I wish to speak of, is the repetition of the dose. To enter into this subject in its entirety would take far more time than is allowed at this meeting, hence I shall try and be brief as possible in bringing out the points I wish

to make prominent. Is not the dose, generally, too frequently repeated to get the most beneficial results? I propose to take the affirmative side of this question and shall try to substantiate my grounds on sound homœopathic principles. I do admit that it takes much courage on the part of the physician and even more on the part of the patient to rely on a minute dose of medicine for the cure of disease, and even more courage and faith in the efficacy of drugs is required, to enable the physician, having prescribed the right remedy, to wait the proper length of time before repeating the dose.

One thing, perhaps above all others, which distinguishes the homœopath from his brother of the older school of medicine is his fixed faith in the efficiency of drugs. He is not obliged to devise hypotheses, frame theories, or trust assumption; for the indications for the therapeutical application of the drug is put in its physiological action by even Him who puts the oak in the acorn; and the homœopath knows this action even before he prescribes the drug;—he simply plants the acorn and leaves it to the Unerring One, and the oak is there.

Having this fixed faith in the curative power of drugs, by knowing their physiological action before hand, it is strange that so many physicians should seem to lose sight of the fact, that the effects of even a very minute dose may be observed in the system for a very considerable time; varying, of course, with the drug given. Hahnemann teaches that the physician is to give but one dose of the indicated remedy and must wait until improvement has ceased before considering whether to give a second dose of the same remedy or to select a new one. I think it is common practice by a large majority of physicians, especially in acute diseases, to repeat the dose *very* often at first, lengthening the intervals as danger to the patient grows less. From all the laws and principles of homœopathy, I fail to see how this practice can be made so generally a rule. We all believe, and in fact know beyond a doubt, that it is impossible to arouse the vital forces to curative action by

the administration of *large* doses of medicine. And since we know that drugs remain in the system for a very long time, even so that their effects are recognized for days, weeks and even months, it is very certain that if several small doses be repeated frequently, they must eventually accumulate in the system, becoming analogous to *one large dose*. How then is it possible, or upon what grounds, does the homœopath continue to give these doses in such rapid succession, and expect the proper result to follow! It is this very reason, I believe, why so many physicians fail to see the expected results from a carefully selected remedy—simply the accumulation of these little doses, acting as one large one; and he is thus led astray, denouncing the remedy given as ineffectual and he goes in search of a new one, only to repeat this operation over again.

When we consider the delicacy of the tissue, and especially in diseased conditions, and call to mind the delicate process by which repair is brought about naturally, we can more easily understand how very little of the drug is needed to convert the diseased conditions already existing, into the drug disease; this once established the process of repair begins, and this is a process of progress—diseased and dead material are taken away, the nutritive action is stimulated, new and fresh substances are brought to the part, and so the work goes on. And it is at this time that the physician so often makes his mistake in thinking it necessary to repeat the dose, long before the former one has done all the good that it can; then another and another dose is given, till the vital force, unable to recover during the interval, even between *small* doses, is overtasked and overpowered, incapable to begin curative action, and compelled to continue passively the predominant drug disease forced upon it.

And so the *dose* must ever be the physician's careful study—in all its phases; for through all there runs a silver thread of truth, connecting one to the other and binding all together. Truth lies at the bottom, and deep must the scientist, the physician and the student dive if he would bring up pearls rather than gravel.

Entrance Examinations.

To the Editor of THE CHIRONIAN :

MY attention was called a few days ago to an editorial in one of the great medical journals of New York, the *Epitome*. It says :

"The incoming class at the College of Physicians and Surgeons numbers at present about one hundred men. This is a decided falling off from last year, but the number then was unusually large. It was possible for a man to matriculate last year, and by so doing he escaped the entrance examination which was held this Fall for the first time. The usual number of students, before the Vanderbilt bequests were made public, was about four hundred and fifty. So the present entering class is still below the average number.

"This decrease has been brought about by two causes : first, the establishment of the entrance examinations, and secondly, the decided increase in tuition fees. Under the new *regime* the expenses of a student for three years are, including the graduation fee, \$500, as against \$325 under the old system. In return for this increased outlay the student receives instruction in normal and pathological histology and practical chemistry.

"The attitude of the College authorities in thus raising the standard of scholarship cannot be too highly recommended. It marks a new era in the history of medical teaching in New York City."

What a pity to see one of the finest equipped and most extravagantly endowed medical colleges in this country reduced to a second or third rate one in numbers, and all on account of what? *Entrance Examinations*. O, this dreadful, dreadful entrance examination! But why do students dread this examination? I am sure those required at the College of Physicians and Surgeons are not so hard as to be appalling to a man who has been to some academy or has passed through the Freshman or Sophomore classes of our universities. He is required to write a composition, in the form of a letter, translate from Latin into English a short passage of average difficulty from one of the first

four books of Cæsar's "Commentaries on the Gallic War," some arithmetic, which every boy who graduates from the grammar schools of this City could answer without the slightest difficulty, algebra and plane geometry not severe enough to frighten any one. Yet the fact is here, the entrance examination is the bugbear which drives aspirants for the degree of M.D. to colleges where no entrance examinations are required.

During the session of 1887-8, eight hundred and nine new students entered the College of Physicians and Surgeons, and thus far only about one hundred have entered this year. Will the Board of Trustees of this branch of the honored Columbia College stand by their decision of holding entrance examinations, or will they throw open their doors wide to any one who may apply, whether he is educationally well equipped or not?

A few years ago Bellevue Medical College tried to inaugurate a new era in medical teaching by requiring an entrance examination. When the term began, to everybody's surprise, no new students made their appearance, the halls were deserted, except by those who had entered the year before, no Freshmen were matriculating. This state of affairs lasted for several days, or long enough until a hurried meeting of the Board of Trustees could be held, when the obnoxious requirements for entering were rescinded. As soon as this fact became known students poured in from the other college across the street and everything was lovely.

It is to be hoped that the step taken by the Trustees of the College of Physicians and Surgeons will be adhered to and the standard of medical education kept high so that a man may be proud to possess a diploma from that institution.

But let us ask : Why do not the other medical colleges in this City combine and each one require just exactly what the other does, as the homœopathic medical colleges have done for some time? If such a thing could be brought about it would benefit the public by better qualified physicians being sent out by them. As it is at present a man may go to a medical college,

attend a course or two of lectures, get a certificate to that effect, or lecture tickets, which amount to the same thing, and go to Massachusetts or Connecticut to practice medicine without having passed any examinations whatever or possessing a diploma. A diploma is not needed in these two States, any one hanging out his shingle is qualified to be a physician. Fine laws these.

But to return to the question of equal requirements for entrance into the colleges in this City. Would not all the colleges share the same fate with the College of Physicians and Surgeons? Would not students go to colleges outside of New York City, where they could enter without any formalities to be gone through with? And also, where would the fat salaries of the Professors have their origin? No students no fees, no fees no salaries, no salaries no Professors, no Professors no colleges, therefore entrance examinations would very seriously interfere with medical education in this City. All the grand facilities for acquiring a medical education, as they are offered here where the hospitals are overflowing with patients which, under the supervision of the most learned men of the profession, are utilized to teach the beginner in medicine to save life and prevent disease, all these would be for naught, and all on account of plain and easy entrance examinations.

What does the public think of this? The public, which is given into the hands of medical men, some of them not educated enough to spell and write correctly, with no previous education whatever.

I personally know a man, formerly a stone mason, who wished to be a doctor. He accordingly went to a college in one of the New England States, whose term begins in February and lasts until August. He then entered a college in this City, where he attended a second course of lectures from October until April, and, being entitled to final examinations, having, as the laws of New York State require, attended two full courses of lectures, he presented himself for his diploma. For the reputation of the New York College I will say that he was rejected, but not abashed he went again to the New England

College, paid his fees and received his diploma, qualifying him to practice medicine in this or any other State of the Union.

He had his diploma indorsed by the Dean of the Faculty of a college in Twenty-sixth street, was made a member of the New York County Medical Society, settled on the west side for a while, came over to the east side of the City, went to Texas, came back and is practicing in West Virginia now. This man, being known to the writer personally, only represents one case out of many, and more could be cited if necessary.

Could any one convince me that a man like the above mentioned, who studied medicine sixteen months all told, is qualified to treat all the different diseases and practice medicine and surgery successfully? The field is great, too great even for a life-time.

The underlying foundation of a medical training is a good previous education, which, combined with common sense, makes the successful physician.

A LAYMAN.

NEW YORK, Nov. 20, 1888.

Societies.

Hahnemannian Society.

MEETING called to order November 14th, at 8 P. M. President Tuttle in the chair.

Fourteen new members signed the constitution and paid the initiation fee of 50 cents.

Roll Call.

The minutes of the previous meeting were read and accepted.

Music by instrumental quartette.

History of some remarkable cases and a paper on "How to Study Anatomy," by C. E. Low, '89. Discussion of the paper by members of the Society.

A violin solo by G. F. Lightfoot, '91.

Paper on "The Dose," by C. B. Flint, '90.

Clarinet solo, by Mr. Brown, a guest of the Society.

Discussion of Mr. Flint's paper.

Senior quiz masters re-elected in a body, except J. Beecher White, who is succeeded by

Van Bergen, in ophthalmology and otology. Ninety and '91 re-elect their quiz masters in a body, except Lyman, '91, who gives place to Leonard in chemistry.

Music by the glee club followed by a recitation, M. M. Smith, '90.

Treasurer made a report of the financial condition of the Society, which is accepted.

On motion that a quiz master in anatomy be appointed from the Junior class, in addition to the one from the middle class, Ensey, '91 was elected to that position.

Music by the club.

A vote of thanks extended to those taking part in the evenings entertainment.

Informal reading of the minutes, roll call and adjournment. G. DeW. Hallett, Secretary.

College Notes.

SMOKING in the amphitheatre "must go."

WHEN Professor Dowling wants a "novice," H. O'Nan is on deck.

THE piano was a very welcome addition to the music at our last Hahnemannian Society meeting.

MUCH credit should be given our genial Janitor Frank for his kindly interest and untiring efforts in behalf of THE CHIRONIAN.

OUT of regard for his family, we omit the name of the member of '89 who was in such a hurry for a "sam handwich" at the restaurant.

THE Juniors, as yet unused to tobacco, wish to thank THE CHIRONIAN scribe for the communication in the last issue against smoking in the lecture-room.

THE chair in Physiology says he does not want his students to memorize. What have the Middlemen who are attending Junior lectures to say to that?

OUR Professor of Toxicology is a true artist indeed. With a few strokes of the crayon he reproduces from one of Prof. Storm White's fat infiltrated cells a "Poppy Blossom."

THE three Freshmen who so diligently worked the bottle of smelling salts in Professor Hel-muth's clinic will have to take a special course in the dissecting room, where there is plenty of ozone, CH_4 and H^2S .

IT is with regret that we mention the departure of W. I. Pierce, of the Class of '90, for undiscovered lands of Japan. Mr. Pierce goes thither in the interest of the United States Government on a mining prospective tour. A hearty welcome will await him next year on his return.

THE past year has been the most successful one in the history of the New York Ophthalmic Hospital. The total number of patients treated was 11,834, and the total number of prescriptions given 53,606. The total number of resident patients, and number of days' board furnished, were also greater than ever before.

THE following specimen of Irish wit, in the form of a handbill, is in circulation: "Dr. E. R. Duffy, a prominent physician and surgeon from the north of Ireland, has removed to '175 East One Hundred and Eighth street. The Doctor invites all those of chronic diseases who have been given up by American doctors."

THERE will be three vacancies in the House Staff of the Homœopathic Hospital on Ward's Island on November 1st. We hope some of the graduates of '88 will avail themselves of this opportunity to gain a clinical knowledge unsurpassed in any institution in the United States. T. M. Strong, M.D., '71, the Chief of Staff, would be glad to give information as regards the Hospital.

THE "College Glee Club," under the able leadership of J. H. Bryan, '90, is making good progress, and will be a pleasant feature in the meeting of the Hahnemannian Society. The present members of the Club are: First tenors, F. A. Bucklyn, G. F. Lightfoot, W. H. Leonard, R. M. Andrew. Second tenors, C. E. Low, E. H. Noblé, J. O. Tyler. First bass, J. H. Bryan, G. F. Martin, B. Bierbauer, C. H. Church. Second bass, J. F. Ackerman, A. E. Leach, D. G. Van Ostrand.

Two acquisitions to the Junior Class, Hainer and Perkins, matriculated the first of the month. The latter has just returned from a stay of five years in India, and has brought with him home many curious things from the East. He thinks that India is a little behind the United States, especially since the darkness of Egypt pervades that land as regards medicine, for the natives, he says, are still struggling with cholera and fevers under the old school dispensation.

J. H. BRYAN, '90, was lately married to Miss Jessie Bernd of this City. This happy union took place on Tuesday, October 16th, being only witnessed by immediate friends and relatives. Mr. and Mrs. Bryan were the recipients of many beautiful and costly presents, among which was a standing lamp from his classmates of this college as a simple expression of their esteem and at the same time recognizing his invaluable service in our glee club. Long may this union live Joe, and accept the congratulations of the New York H. M. C. and H.

Is it not time that the obnoxious and childish custom of cracking and eating peanuts during the exercises of the Hahnemanian Society meetings be abandoned? It is unfortunate that any such suggestion as this should be put in print for the public eye to gaze upon and criticise; but surely it is high time that the dignity of these meetings be defended by THE CHIRONIAN if by no one else, and the requests of President Tuttle be upheld and commended. We underlings were told on joining, that this Society was one of intellectual improvement, so let it be, you grave and reverend Seniors who are wont to be so dignified at other times. Why not discard the mantle bequeathed you by last year's class and manufacture one of your own, an example that will be proper for the under classes to imitate, and follow, and one that will reflect credit on yourselves. The peanut vender is doubtless thankful for your contribution, but there are some members of the society who come with the idea of filling their minds and not their stomachs and to them this "corner pedlar" is not so much of a blessing.

NINETY.

Book Notices.

Visiting List and Prescription Record. Otis, Clapp & Son, Boston, Mass. For thirty patient list, \$1.25; for sixty patient list, \$1.50.

A GLANCE at the complete plan of this book is sufficient evidence of its necessity to homœopathic physicians, for whom it is especially designed. It being also arranged as a perpetual calendar.

SEVEN HUNDRED AND TWENTY-EIGHT is the record in numbers of the articles printed during 1888 in the *Archives of Gynecology* on the special subjects of its title. It is the aim of the editors to publish all current thought in these departments of medical knowledge. The publishers, Leonard & Co., 141 Broadway, New York, do not send sample copies, but if you are not pleased with the first number it may be returned and the order erased. Subscription \$3 per annum. Payment is not asked till end of the year.

TRANSACTIONS of the Forty-first Session of the American Institute of Homœopathy.

This volume should be in the possession of every homœopathic physician on account of the valuable papers it contains, the vital subjects there treated and the masterly manner in which they are handled. The students need this work also, as it gives them a better idea of the present status of homœopathy than can be derived from any other source. And if any body can read this book and thus note the hospitals, colleges, societies, journals, etc., etc., that are homœopathic, and the vast work that has been accomplished in and through them and not feel their heart swell with pride, then truly there is not patriotism in them.

The Committee on Publication is to be congratulated upon the tasty appearance of this volume; also the thanks of the students are due to Pemberton Dudley, M.D., General Secretary, for his kindness in donating a volume of these transactions to our College library.